



State of New Hampshire 2005 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2005

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 01/03/2006

Business ID: 393699

William M. Gardner

Secretary of State

OMEGA ENTERTAINMENT, L.L.C.

494 ELM STREET

MANCHESTER, NH 03101

ADDRESS OF PRINCIPAL OFFICE:

494 ELM STREET

MANCHESTER, NH 03101

REGISTERED AGENT AND OFFICE:

GEORGE C MAROUN

494 ELM ST

MANCHESTER, NH 03101

ENTITY TYPE: LLC

BUSINESS ID: 393699

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 30-0006762

RESTAURANT AND LOUNGE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. NICHOLAS C MAROUN

STREET 494 ELM STREET

CITY/STATE/ZIP MANCHESTER NH 03101

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

MEMB. GEORGE MAROUN

STREET 494 ELM STREET

CITY/STATE/ZIP MANCHESTER NH 03101

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by the manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

GEORGE MAROUN

Please print name and title of signer:

GEORGE MAROUN

/

MEMBER

NAME

TITLE

FEE DUE: \$350.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529